

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: YourEnergyOptions, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 10 Circuit Avenue East, Worcester, MA 01603

Name of Agent Designated to Receive
Notification of Claimed Infringement: Lance McKee

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

YourEnergyOptions, Inc.
10 Circuit Avenue East, Worcester, MA 01603

Telephone Number of Designated Agent: 508-752-0108

Facsimile Number of Designated Agent: 508-752-0108

Email Address of Designated Agent: lancemckee@charter.net

Signature of Officer or Representative of the Designating Service Provider: _____
Date: January 31 2007

Typed or Printed Name and Title: Lance McKee, President

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**



SCANNED 03 21-2007

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